2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000017994

5119 COMMERCIAL WAY

SPRING HILL, FL 34606

Address:

City-St-Zip:

Entity Name: CORNERSTONE CHIROPRACTIC CENTER, P. A.

FILED Jul 13, 2005 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 5119 COMMERCIAL WAY SPRING HILL, FL 34606 **Current Mailing Address: New Mailing Address:** 17715 MERIDIAN BLVD HUDSON, FL 34667 FEI Number: 59-3245421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COURTNEY, KELLY P D.C. 17715 MERIDIAN BLVD HUDSON, FL 34667 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition COURTNEY, KELLY P Name: Name: 5119 COMMERCIAL WAY Address: Address: City-St-Zip: SPRING HILL, FL 34606 City-St-Zip: Title: () Delete Title: () Change () Addition COURTNEY, MARY A Name: Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY COURTNEY V.P. 07/13/2005